PTO/SB/17 (12-04v2)
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|---|--------------------------------|--|------------------------------------|--------------------------|-----------------|----------------|--|--|--|
| Effective on 12/08. | | Complete if Known Application Number 10/693479-Conf. #8407 | | | | | | | |
| Fees pursuant to the Consolidated Approp | · | 7 tpbiloditori realisso. | | | | | | | |
| FEE TRANS | Filing Date | | | | | | | | |
| For FY 20 | | First Named Inventor Examiner Name | | H. B. Trinh | | | | | |
| | | | | 2814 | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 | | _ | Artonic | | S1022.80434US01 | | | | |
| TOTAL AMOUNT OF PAYMENT | Attorney Doc | Attorney Docket No. \$1022.80434US01 | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| X Check Credit Card Money Order None Other (please identify): | | | | | | | | | |
| Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C. | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | |
| FEE CALCULATION | | | | | / | | | | |
| 1. BASIC FILING, SEARCH, AND E | XAMINATION FEES | | | | | | | | |
| FI | | SEARCH FEES | | NATION FEES | | | | | |
| Application Type Fee (\$ | Small Entity (5) Fee (\$) Fee | Small Ent | Fee (\$) | Small Entity Fee (\$) | Fees Pa | id (\$) | | | |
| Utility 300 | | 00 250 | 200 | 100 | • | | | | |
| Design 200 | 100 16 | 00 50 | 130 | 65 | | | | | |
| Plant 200 | 100 30 | 00 150 | 160 | 80 | | | | | |
| Reissue 300 | | 00 250 | 600 | 300 | | | | | |
| Provisional 200 | 100 | 0 0 | 0 | 0 | | | | | |
| 2. EXCESS CLAIM FEES | 100 | · · | · | ŭ | S | mall Entity | | | |
| 2. EXCESS CLAIM FEES Fee Description Fee (\$) | | | | | | | | | |
| Each claim over 20 (including Reiss | sues) | | | | 50 | 25 | | | |
| Each independent claim over 3 (including Reissues) 200 | | | | | | 100 | | | |
| Multiple dependent claims | | | | | 360 | 180 | | | |
| Total Claims Extra Claims | Fee (\$) Fe | e Paid (\$) | aid (\$) Multiple Dependent Claims | | | | | | |
| - 40 = | x = | | Fee (\$) | | ee Paid (\$) | | | | |
| Indep. Claims Extra Claims | | e Paid (\$) | | | | | | | |
| x =x | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings e | xceed 100 sheets of par | ner (excluding ele | ectronically fi | led sequence or | computer | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x = | | | | | | | | | |
| - 100 = /50 (round up to a whole number) x = | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00 | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Signature | <u></u> | Registration No. (Attorney/Agent) | 34,681 | Telephone | (617) 646 | 8227 | | | |
| Name (Print/Type) James H. Morris | | | | Date | January 26 | , 2006 | | | |
| | | | | | | | | | |
| Certificate of Mailing Under 37 CFR 1.8(a) | | | | | | | | | |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on | | | | | | | | | |

the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 26, 2006

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|--|--|---|--|------------------------|--|--|--|--|
| METITION FOR | EXTENSION OF TIME UNDER | Docket Number (Optional) | | | | | | |
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | S1022.80434US01 | | | | | |
| Application Numb | Application Number 10/693479-Conf. #8407 | | | Filed October 24, 2003 | | | | |
| For LITHOGRAPHIC MASK FOR SEMICONDUCTOR DEVICES WITH A POLYGONAL-SECTION ETCH WINDOW, IN PARTICULAR HAVING A SECTION OF AL LEAST SIX SIDES | | | | | | | | |
| Art Unit 28 | 14 | | Examiner | H. B. Trinh | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | | |
| | | <u>Fee</u> | Small Entity Fee | | | | | |
| One | month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | | | |
| Two | Two months (37 CFR 1.17(a)(2)) | | \$225 | \$ | | | | |
| X Three months (37 CFR 1.17(a)(3)) | | \$1020 | \$510 | \$ 1,020.00 | | | | |
| Four months (37 CFR 1.17(a)(4)) | | \$1590 | \$795 | \$ | | | | |
| Five | months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | | | |
| X A check ir Payment I The Direc X The Direc | claims small entity status. See 37 to the amount of the fee is enclosed. by credit card. Form PTO-2038 is a tor has already been authorized to tor is hereby authorized to charge a ccount Number 23/2825 applicant/inventor. | attached. charge fees in this a any fees which may l I have enclo | be required, or credit sed a duplicate copy | any overpayment, to | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | | |
| × | attorney or agent of record. F | Registration Number | 34,681 | | | | | |
| | attorney or agent under 37 C Registration number if acting u | | | · | | | | |
| | AAMOZ. | | | y 26, 2006 | | | | |
| | Signature | | | Date | | | | |
| | James H. Morris | | (617) | 646-8227 | | | | |

forms are submitted.

Telephone Number

(Gail Driscoll)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more

Typed or printed name

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 26, 2006

Total of

than one signature is required, see below.

Signature:

01/30/2006 HVUDNG1 00000024 10693479

1020.00 OP